SSI Milwaukee County Advisory Committee
Quality Assurance Workgroup
September 8, 2004 Meeting Summary
Co-Chairs: Dr. Bruce Christiansen, Dr. Sandra Mahkorn, and David Woldseth

Organizations Represented:	**Representatives:**
APS Health Care	Bruce Christiansen
DHFS	Sandra Mahkorn
	David Woldseth
	Jim Hennen
iCare	Kathy Sansone
Metastar	Sherrel Walker
MHS	Sandi Tunis
Autism Society of Southeast Wisconsin	Patti Meerschaert

Bruce Christiansen, co-chair of the Quality Assurance Workgroup, called the meeting to order at 10:15 a.m. in Conference Room One of the Italian Conference Center in Milwaukee. Members of the group introduced themselves to one another and stated their interests in this particular workgroup.

Sandra Mahkorn talked about quality monitoring. There are certain core values for monitoring quality, and the workgroup should at least look at surveying consumers and providers. She said Sherrel Walker would later speak about the EQRO. Currently, Metastar does the i-Care contract and all its special managed care evaluations. If the workgroup intends to make changes to the contract, the workgroup will need to determine those changes within the next few weeks. In that way, they can be written into the next contract. The goal is to come up with a list of questions for the full committee and to solicit their feedback.

Bruce Christiansen outlined the quality assurance aspects of the iCare contract as a guide as to what we may wish to pursue. He impressed upon the group the importance of deciding early what to require and request since some deadlines exist. If we do not put certain provisions in the contract, they will most likely not be included. The workgroup must decide what data and information they will need and make sure that it gets put into the contract. The workgroup must provide recommendations for the full advisory committee by October 6.

Mr. Christiansen spent time going over Section T of Article III of the iCare contract. That section addresses questions of quality assurance. The governance portion is fairly prescriptive. It stems from federal law and other legal requirements. According to the structure of the contract, the MCOs are responsible for quality. The MCO's board must be directly involved. A QAPI committee must also be formed, and part 2d prescribes the membership that must meet at least quarterly. Part 4(b)(4) provides valuable information, and Part 4(b)(6) includes quality assurance for women's health. We may decide that there are other health issues to include. Part 7c describes outreach to consumers. The contract does not allow for iCare provisions to be more strict than fee-for-service. Performance improvement projects are in the contract. Dr. Christiansen also talked about Section E of Article III which addresses the clinical service that an MCO provides. He pointed to Article VI that addresses the encounter data that many quality projects would require. In Article VII, B.3.c, the contract states there should be 60 days for a

needs assessment. Since the all-in/opt-out option calls for a 30-day period, the workgroup must discuss this more fully and raise the question with the full committee. According to data from iCare, it can be hard to locate people in 30 days. Much of the 30-day period could be spent, and it may not leave much time for people to opt out or even see a physician to know whether they want to opt out. This will make a good topic for the first conference call, so the workgroup will discuss this at that time.

Sandy Mahkorn talked about the components of a quality improvement system. Quality indicators must be population-relevant. We want to measure what we can in a reasonable, straightforward way.

Sherrel Walker from Metastar discussed the EQRO process. She talked about some models Metastar has used for performance review. There is no state oversight on this; it is assumed that the MCO will choose a performance review that matters. So, the approach tends to be a collaborative one. The research protocol includes 13 review areas which, due to duplication, can be condensed into nine considerations. A review only focuses on one area since doing all areas at one time would overwhelm staff. The i-Care program permits more focused study reviews and the Pace and Partnership evaluations proved to be rather enjoyable experiences rather than onerous.

Due to the length of today's presentations, the workgroup delayed discussion and decisions to later meetings. In early discussion, we discussed contract language for consumer involvement and issues of confidentiality. For instance, consumers are supposed to be part of the review, but the language of the contract does not guarantee it. If we involved them, could we keep certain personal health information confidential? By recusing oneself from decisions and the redaction of certain records, these efforts can be achieved. Another suggestion would be to require MCOs to issue annual reports as to how they involve consumers.

David Woldseth will request members' schedules and set up a teleconference within the next week to ten days.

Respectfully submitted,

David A. Woldseth
Co-Chair